



# Montana Department of LABOR & INDUSTRY

## Certificate of Experience Affidavit

Submit this form to the department after it has been completed and signed by an individual having knowledge of your experience with cranes or hoists

Applicant Name: \_\_\_\_\_  
First Name Last Name

Employer/Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ / \_\_\_\_\_  
Start Date End Date

### List all types of cranes or hoists that the above named applicant has had experience operating

From: MM/YY	To: MM/YY	Type of Crane/Hoist	Style of Crane - Circle One	Operating Capacity (Tons)	Total Experience Hours
			Friction Tower Hydraulic Mine		
			Friction Tower Hydraulic Mine		
			Friction Tower Hydraulic Mine		
			Friction Tower Hydraulic Mine		
			Friction Tower Hydraulic Mine		

I hereby certify that the above names applicant has obtained the necessary experience in the operation of the equipment specified above

\_\_\_\_\_  
Legal signature of person making statement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of person making statement

#### BUSINESS STANDARDS DIVISION

Blaster, Boiler, Crane, Elevator, and Fire Protection License Programs

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